ticated as a monolocular ovarian cyst. She stated that on several occasions the tumor had completely disappeared, while at the same time she had marked polyuria. On opening the abdomen a thin-walled cyst was found, containing colorless fluid and universally adherent to the abdominal parietes. In three places in the cyst-wall were cicatrices marking the sites of probable ruptures. The difficulty of distinguishing between such cysts and hydronephrosis is greatest when the tumor fills the abdominal cavity. The relation of the large intestine to the cyst is most important, since it is only exceptionally that it lies in front of one of ovarian origin. If the gut is collapsed it may be distended by injections of effervescing salts. Vaginal examination will often throw light on the diagnosis; also catheterization of the ureter.

The writer advises closure of the abdominal incision and drainage through a lumbar opening when an obscure cyst is found to be renal.

Action of the Bacterium Coli Commune on the Endometrium.—MORISANI (*Archiv. di Ostetricia*, March, 1897) injected cultures of this bacterium into the normal uterine cavity with negative results. He then irritated the endometrium by different agents (probes, hot water, nitrate of silver, etc.) and repeated the injections. Death followed from septic endometritis and peritonitis in periods varying from fourteen to seventy-two hours. It is not clear what protects the healthy mucosa against the action of the microorganisms, but it may be inferred that either the normal secretion inhibits them, or that there may be some phagocytic action. When the mucosa was irritated both a local and a general infection speedily followed.

Cultures were injected into the rectum with a fatal result in all cases. In animals with a healthy endometrium the latter showed no evidences of inflammation, but when the mucosa had been previously irritated, septic endometritis developed as before.

Appendicitis in the Female.—RICHELOT (*La Gynécologie*, June, 1897) emphasizes the difficulty of diagnosing appendicitis in the female. He reports six cases in which it was impossible to decide positively before opening the abdomen. In the absence of a clear history and early observation of the case it is still more difficult to make an exact diagnosis. The presence of pain and a tumor in the region of the right tube and ovary, situated high up (the left being normal), should always awaken the suspicion of possible appendical trouble. On the other hand, an inflamed appendix may be adherent in the cul-de-sac. In the absence of any swelling, the pains complained of by certain neurotic females may simulate those of appendical origin. If the hymen be intact it is fair to infer that an inflammatory enlargement on the right side is due to appendicitis rather than to disease of the adnexa.

Appendicitis and Parametritis.—TREUBE (*Revue Gynécologie et de Chir. Abdom.*, No. 2, 1897) reports cases in which he operated for appendicitis and found that the true condition was disease of the adnexa, and *vice versa*. The relation of appendicitis to parametritis is of considerable interest. The writer believes that the relatively greater immunity of the female from appendicular inflammation is due to the close anatomical relation of the meso-appendix to the right broad ligament. In the milder grades of post-puerperal infection, which do not reach the suppurative stage, the process is frequently ushered in with pains in the ileo-cæcal region, attended with vomiting and rise of temperature. A swelling may develop and rapidly disappear without further disturbance.

Experimental Appendicitis.—BEAUSSENAT (*Revue de Gynécol. et de Chir. Abdom.*, No. 2, 1897) presents the results of his experiments upon rabbits, which are as follows: 1. Appendicitis is always the result of infection; 2. This infection may be transmitted through the blood- or lymph-vessels; 3. There are no pathogenic organisms, though the most common etiological factor is the bacterium coli; 4. In order that these bacteria may become active it is necessary either that the vitality of the normal mucosa should be impaired or that phagocytic action should be diminished; 5. In every case of experimental appendicitis the accompanying infectious folliculitis spreads to the surrounding lymph-channels, and adenitis is the constant rule; 6. The predisposing factors cause the initial lesion, or favor the infection, by diminishing the power of resistance; 7. Entero-colitis is the chief predisposing cause, as proved by experiment, as well as by clinical observations; 8. Concretions in the appendix are the effect of the appendicitis, *not* the cause; 9. A foreign body may act as a predisposing cause, through the resulting traumatism.

Hæmatoma of the Vulva.—BINDER (*Centralblatt für Gynäkologie*, No. 34, 1897) reports the following interesting case of hæmatoma in a non-pregnant woman, not due to traumatism: An alcoholic subject, aged thirty-nine years, on lifting a tub of water from a chair to the floor, was suddenly seized with a sharp pain in the perineum, accompanied by a desire to have a movement of the bowels. In spite of violent straining she could pass nothing, and only increased the pain. On examination the right labium was found to be enlarged and tender to the touch. Between the anus and right tuber ischii was a tense tumor the size of an egg, quite sensitive. An ice-bag was applied to the external genitals. Three hours later the right labium had swollen to the size of the fist, and the vagina was almost filled by a bluish-red tumor springing from the right side, while the enlargement in the anal region had assumed a quadrilateral shape and was connected with the labial swelling. The symptoms were less severe than at first. The blood-effusion was entirely absorbed in the course of two weeks.

The writer attributes the accident to the effect of a sudden muscular effort upon vessel-walls weakened by excessive indulgence in alcohol.

Absorptive Power of the Vaginal Mucous Membrane.—LEUBUSCHER and MEUSER (*Zeitschrift für Praktische Aerzte*, 1897, Heft 2), as the result of a series of experiments with solutions of iodide of potassium introduced into the healthy vagina, found that when used in suppositories the urine showed the characteristic reaction within from two to three hours, though faintly. In an aqueous or glycerin solution the drug was absorbed more quickly and a larger amount was excreted. As compared with that of the